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Filed

PLACE OF DEATH 8789 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (No..... St.;....Ward) 1011 Adams 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, MARR (Month) ORDIVORGED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH muer that I last saw howallys on the (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 7, 30 a.m. 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) Q vrs. Q mos. 6 which employed (or employer) State or country) Contributory Secondary 10 NAME OF FATHER S 11 BIRTHPLACE ., 191 4. (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ___ mos. ... Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?... usual residence. 19 PLACE OF BURIAL OR REMOVAL 15

Tif death occurred in

(Year)

a hospital or institution.

give its NAME instead

of street and number. I

(Day

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAS

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," For vio-



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RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.
A PE	be state
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	ry item JSE OF ortant.
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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.St.;.....Ward)

[if death occurred in a hospital or institution, give its NAME instead

FULL NAME Com Monra	a Usbino of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Sel (Single, Married, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw halive on
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment la which employed (or employer)	Ceuce (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) In L. 10 NAME OF FATHER YAS Colare	Contributory Acceleration Secondary 7 Mos cu celes (Duration) (Signed) (Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 19 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTH	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds.
(Informant) Strue TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
Filed Sept 2, 1914 Chas B. Frishing Registran	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER DOUNDERTAKER DOUBLE SEARCH BURIAL ABDRESS BURIAL ABDRESS BURIAL
It more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engincer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculces of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from (secondary or intercurrent) "Exhaustion,"



V. S. No. 1.

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8791 1 PLACE OF DEATH county Caroline

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St.;----Ward)

[if death occurred in a hospital or Institution, give its NAME lastead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While of the word)	16 DATE OF DEATH Shouth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day (Year)	that I last aaw homelive on DEft 18 1914
AGE If LESS that 1 day,hrs OR min.?	and that death occurred on the date attited above, at
OCCUPATION (a) Trade, profession, or particular kind of work.	Marasmus
(b) Seneral nature of lodustry, business, or establishment in which employed (or employer)	(Doration) yrs mos ds.
State or country) Caroline	Gontributory Secondary
10 NAME OF John Bodine	(Signed) (Signed) , M. B.
11 BIRTHECACE OF BATHER (State or country) 12 Maiden Name OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Rallie Sylor	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or ophnitry) Velawae THE ABOVE IS THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds. Stateyrsmosds Where was disease contracted.
(Informant) The Best of My Knowledge	if not all place of death? Former or osoal residence.
(Addiess) Mary Ball mus	Thomas Chal ble 123 1914
Filed 9/22 1914 Who Courter	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necshould be taken to report specifically the occupations gainfully employed, as At school or At home. dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman,"
"Manager," "Dealer," etc., without more precise spectmaterial worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: The question

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Bronchopneumonia (secondary), 10 ds. Never report incre symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis mia," "Yuerperal peritonitis," mus," "Old Age," "Shock," "Uracmia," "Wcakness," thcuia," "Anaemia" (merely symptomatic), "Atrophy," ample: affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a defluite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds., etc. State cause for For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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Count	PLACE OF DEATH 8792	STATE OF MARYLAND CERTIFICATE OF DEATH
Villag	FULL NAME Mary anne	Registration Dist. No. 60 St.; Ward) St.; Ward) Brackett Brackett Registration Dist. No. 60 [It death occurred is a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, WOOWED, Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
BDATE	Sept : 1851 (Math) (Day) (Year)	that I last saw has alive on Sefet - 1 lt, 1912
TAGE	63 yrs mos, ds. or min.?	and that death occurred on the date stated above, at 3-20 m, The CAUSE OF DEATH* was as follows:
particula (b) Geno business, which en	PATION s, profession, or r kind of work rai nature of industry, or establishment in ployed (or employer) PLACE or country) A 1111	(Duration) yrs. mos. ds. Contributory (Secondary)
ENTS	NAME OF FATHER Adam Falig BIRTHPLACE OF FATHER State or country) WAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13	BIRTHPLACE OF MOTHER WORLD ONT MOW,	1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos ds.
14THE	It Barrer	Where was disease contracted, it not at place of death? Former or usual residence
15 Filed	(Address) Veuderson Md	Date of Burial OR REMOVAL Sept 4, 191.4 20 UNDERTAKEN ADDRESS ADDRESS ADDRESS
	If more hlanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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BUXZAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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V. S. No. 1.

N. B.

PLACE OF DEATH 8793 County Caroline Village or City Ridgely 2FULL NAME Willia



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

St.;Ward)	[If death occurred I a hospital or institution
	give Ifs NAME Instea

of sfreet and number.]

William A Bruch

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widower (Write the word)	16 DATE OF DEATH (Mofth) (Day (Year) 17 / I HEREBY CERTIFY. That I attended deceased from
Sept 7 1890 (Mogth) (Day (Year)	1913, to 24 , 1914, that I last saw hami alive on 28 , 1914
7 AGE 11 LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at 250 A. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	(Duration) yrs mos ds.
which employed (or employer) BIRTHPLACE (State or country) Nanyfound	Contributory Secondary (Buration) yrs mos ds.
TATHER 66 Bruch 11 BIRTHPLACE OF FATHER (State or country) 12 Mail 1	(Signed) , M. D. (Address) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
12 MAIDEN NAME OF MOTHER CHUMA Ramble 13 BIRTHPLACE OF MOTHER (State or country) Penna	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 6 6 Brusch	Where was disease confracted, If not af place of deafh? Former or usual residence.
(Address). Red gely Md ROW	19 PLACE, OF BURIAL OR REMOVAL Sept 25, 1914 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-less of lungs, meninges, peritonaeum, etc., Carcin-

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RECORD PERMANENT UNFADING WRITE

state YSICIANS should OCCUPATION IS classified. properly pe 80 50 back terms. ATH in plain instructions o of Info OF Every item CAUSE OF Important.

Very

Village or City

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

.....Ward)

Ilf death occurred in a hospital or institution

give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RAGE MARRIED, WIDDWED. (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at. 1 day.....hrs OR 7 8 OCCUPATION (a) Trade, profession, or parficular kind of work (b) General nature of industry. business, or establishmenf in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs. Where was disease contracted. AY KNOWLEDGE if not at place of death? usual residence 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specicated thus: CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when ueeded. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Trecise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculces of lungs, meninges, peritonaeum, etc., Carein-

scpsis, tetanus) may be stated under the head of "Coutributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of... cause of death approved by Committee on Nomencia-"Coutributory." injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), (name origiu; "Can-"Dropsy," State cause for "Exhaustion," Never report For vio-



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OF Every Item CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lit death occurred inWard) a hospital or Institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, Sund 3 SEY 16 DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day.....hrs. OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. ____ mos. ___ ds. (State or country) State _____ yrs, ____ mos. ___ Where was disease contracted, If not at place of death?. ormer or bsual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal first line will be sufficient, c. g., Farmer or Planter, who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," cngineer,

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonacum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Mcastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Hacmorrhage," "Inanition," "Maras-"Contributory." The contributory Always qualify all diseases resulting from Mcasics (disease causing (Recommendations on statement of (secondary or intercurrent) dcath), 29 ds.; State cause for Never report



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occorred in St.:...Ward) a hospital or Institution, give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 BEX 5 SINGLE, 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED . V)1 (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 5 (Month) (Day (Year) 7 AGE It LESS than and that desth occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in (Buration) which employed (or employer) ----9 BIRTHPLACE (State or country) Contributory egondary 10 NAME OF FATHER 60 M. D 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ___ State ___ yrs. ____ mos. __ Where was disease contracted. 14 THE ABOVE IS THE BEST OF MY KNOWLEDGE If not at place of death? CW @ oura Former or usual residence. (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has As examples: (2)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeample: Mcasles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," For VIO-



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6 DATE OF BIRTH

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(a) Frade, profession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

of MOTHER (State or country)

(Address)....

If more blan

14 THE ABOVE

(b) General nature of Industry, business, or establishment to which amployed (or employer)

PLACE OF DEATH 8797

PERSONAL AND ST



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 63

St.;Ward)	[If death occurred i a hospital or Institution give lits NAME instea
	give the minute motors

FULL NAME

NAME Statter De	ekerzau of street and number.]
AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Sept 5-9, 191 4 (Month) (Day) (Year)
Epil (Write the word)	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw he alive on sight of 1914
If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
3 yrs. 4 mos, 2 9 ds. OR min.?	The CAUSE OF DEATH* was as follows:
or Housewife	Hammer Lay V.
ndustry, ment 10 House Fraid	(Duration) yrs mos 4 ds.
maryland	Contributory (Secondary) (Secondary) 7(Duration) 755 mos ds.
Peter Gletcher	(Signed) Cll Ell, J. D.
CE Mintry) Muringland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
AME PER	CAURES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
fritty) Willey Laid	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
oshua Dickerson	Former or usual residence
Greston-mo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1914 Chas B. Sassison REGISTRAR	29 UNDERTAKER ALTE VALLE SELECTION 1918
f more blanks are needed, address State Registran	6 E. Franklin St., Bulto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcinbosis of lungs, meninges, peritonaeum, etc.. Carcinbosis

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senlle," etc.), (Recommendations on statement of (disease causing death), 29 (secondary or intercurrent) "Dropsy," (name origin; "Can-"Exhaustion," Never report



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OF FATHER (State or country

12 MAIDEN NAME OF MOTHER

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PHYSICIANS should of OCCUPATION IS

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St .:Ward) a hospital or institution give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDOWED. (Write the word) (Month) (Year) I HEREBY CERTYF Y. That I attended deceased from (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Seconda 10 NAME OF FATHER (Signed)

> the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

1	OR RECENT RESIDENCE (FOR HE	SPITALS, INSTITUTIONS	, TRANSIENTS
l	At place	In the	
	of death yrs mos ds.	State yrs	mos ds
l	Where was disease contracted,	400.	

If not at place of death?... Former or

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19 PLACE	OF	BURIAL	OR	REMOVAL
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

usual residence

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

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N. B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT -Every item of CAUSE OF I

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. la / ..

St.;.... ..Ward)

[If death occurred in a hospital or institution give its NAME Instead of street and number.]

	11 121	K
2FULL	NAME Llayd Harold L	Uf RR

	2FULL NAME	west to the state of the state
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
m G DA	* COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) TE OF BIRTH March 27, 19/4. (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 that I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191 That I last saw h Allalive on Least 3 191
TAG		and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) 1	CUPATION Frade, profession, or icular kind of work	Macarnuc
busin	General nature of Industry, less, or establishment in h employed (or employer)	(Duration) yrs. 2 mos. ds.
ENTS	10 NAME OF FATHER Slayed Ayer 11 BIRTHPLACE OF FATHER (State or country) Maryland Maryland Maryland Maryland	(Signed) (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
0	13 BIRTHPLACE OF MOTHER (State or country) 13 Mary Land	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. Where was disease contracted,
	nformant)	if not at place of death? Former or usual residence
15 Filed	(Address)	20 UNDERTAKER ADDRESS MA

needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



of information should be carefully supplied. AGE should be stated EXACTLY.

DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate.

CAUSE OF important. S

m

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AGE

PHYSICIANS should state of OCCUPATION Is very

RECORD

PERMANENT

4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.;.....Ward)

[If death occurred in a hospital or Institution, give Its NAME Instead

1 PLACE OF DEATH

**State or country) **State or country) **State the Dispasse Causing Death, of in deaths from Yiold Causes, state (1) Means of FATHER (State or country) **State the Dispasse Causing Death, of in deaths from Yiold Causes, state (1) Means of Father (State or country) **State the Dispasse Causing Death, of in deaths from Yiold Causes, state (1) Means of Father (State or country) **State the Dispasse Causing Death, of in deaths from Yiold Causes, state (1) Means of Father (State or country) **State the Dispasse Causing Death, of in deaths from Yiold Causes, state (1) Means of Father (State or country) **State (1) Means of Father (State or country) **State (1) Means of Father Causes, state (1) Means of Father Causes, state (1) Means of Father Tal, Suicidal, or Homicidal.	FULL NAME	or street and number.
**State the Dispares Carning Dearly (Signed) 10 Name of Father (State or country) 11 BIRTHPLACE OF ATHER (State or country) 12 Majoen name of Month (Signed) 13 BIRTHPLACE (State or country) 14 The Above is the to the Best of M Knowledge (Informant) 15 The Above is the to the Best of M Knowledge (Informant) 16 Date of Birth (Nonth) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from the Library (Year) 18 Length (Nonth) (Day (Year) 19 Length (Nonth) (Day (Year) 19 Length (Nonth) (Day (Year) 19 Length (Nonth) (Day (Year) 10 Name of Contributory. 11 BIRTHPLACE OF ATHER (Signed) 12 Majoen name of Month (Signed) 13 BIRTHPLACE (State or country) 14 The Above is the to the Best of M Knowledge (Informant). 15 Length of Resilence (Informant) 16 Length of Resilence (Informant) 17 I BIRTHPLACE (Signed) 18 Length of Resilence (Informant) 19 Local Marks of Infine (Informant) 10 Name of Month (Informant) 11 Birthplace (Informant) 12 Majoen name of Month (Informant) 13 Birthplace (Informant) 14 The Above is the to the Best of M Knowledge (Informant) 16 Length of Resilence (Informant) 17 I HEREBY CERTIFY, That I attended deceased from 191. 18 Length of Length (Informant) 19 Local Mask of Pather (Informant) 18 Length of Resilence (Informant) 19 Local Marks of Infine (Informant) 10 Name of Infine (Informant) 11 The Above is the to the Best of M Knowledge (Informant) 12 The Above is the to the Best of M Knowledge (Informant) 13 Length of Resilence (Infine (Infine Infine Infin	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
**Spart of Birth	MARRIED, WIDDWED, WIDDWED,	(Month) (Day (Year)
(Month) (Day (Year) TAGE (Month) (Day (Year) If LESS than and that death occurred on the date stated above, at the CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: **BIRTHPLACE** (Nate or country) **BIRTHPLACE** (State or country) **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Disease Causino Death, or, in deaths from Violation of Homicinal. **State the Di	10	17 I HEREBY CERTIFY, That I attended deceased from
State the Disease Causing Death, or, in deaths from Viola Causes, state (1) Means state (2) whether Accided from the Address): **State the Disease Causing Death, or, in deaths from Viola Causes, state (1) Means of Indians, state (1) Means of Indians, institutions, Transier of Mother (Informant). **State the Disease Causing Death, or, in deaths from Viola Causes, state (1) Means of Institutions, Transier of Recent Residence. **The Cause of Death ** was as follows: **Contributory. **Secondary** **Contributory.** **Secondary** **State the Disease Causing Death, or, in deaths from Viola Causes, state (1) Means of Institutions, Transier of Recent Residence. **TAL, Suicipal, or Homicipals.* **In the Above is true to the Best of M** knowledge if a place of death.** **In the Above is true to the Best of M** knowledge if a place of death.** **In the Cause of Death ** was as follows: **The Cause of Death ** was as follows: **Contributory.** **Secondary** **State the Disease Causing Death, or, in deaths from Viola Causes, state (1) Means of Institutions, Transier of Recent Residence. **In the Cause of Death ** was as follows: **Contributory.** **State the Disease Causing Death, or, in deaths from Viola Causes, state (1) Means of Institutions, Transier of Recent Residence. **In the Cause of Death ** was as follows: **Contributory.** **State the Disease Causing Death, or, in deaths from Viola Causes, state (1) Means of Institutions, Transier of Recent Residence. **In the Cause of Death ** was as follows: **Contributory.** **State the Disease Causing Death, or, in deaths from Viola Causes, state (1) Means of Institutions, Transier of Recent Residence. **In the Cause of Death ** was as follows: **Contributory.** **State the Disease Causing Death, or, in deaths from Viola Causes, state (1) Means of Institutions. **In the Cause of Death ** was as follows: **Contributory.**	9-23-,191% (Month) (Day (Year)	that I last saw halive on, 191
Contributory BIRTHPLACE (State or country) 1 In BIRTHPLACE (State or country) 2 MADEN NAME OF FATHER (State or country) 1 MADEN NAME OF MOTHER (State or country) 1 MADEN NAME OF MOTHER (State or country) 1 BIRTHPLACE OF MOTHER (State or country) 1 BIRTHPLACE OF MOTHER (State or country) 1 BIRTHPLACE (State or country) 2 BIRTHPLACE (State or country) 2 BIRTHPLACE (State or country) 3 BIRTHPLACE (State or country) 3 BIRTHPLACE (State or country) 3 BIRTHPLACE (State or country) 4 BIRTHPLACE (State or country) 5 BIRTHPLACE (State or country) 6	1 day,hrs.	
Where was disease confracted, if not at place of death? (Informant) (Informant) (Informant) (Informant) (Informant) (Informant) (Informant) (Informant) (Informant)	(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 Maiden Name OF MOTHER 13 BIRTHPLACE OF MOTHER	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicinal. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENCE) At place In the
(Address) Darelay 119 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If nof at place of death? Former or usual residence.
Filed 9/23, 1914 Wolforfier Busides ADDRESS REGISTRAR Charene Everety Barden	Filed 9/23 , 1914 W Cooper	Busides 9/23, 1914

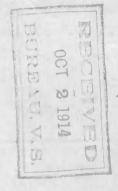
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is iudefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

theuia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Deblity" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig Always qualify all diseases resulting from "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

See Instructions on back of certificate.

Important.

N. B.

B. No. 1.

'PLACE OF DEATH 8801 1.



STATE OF MARYLAND CERTIFICATE OF DEATH

County Parolist	Registration Dist. No. 60
	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead
* FULL NAME MINERS & HARA	<u>Kell</u>
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OBRACE 5 SINGLE, MARRIED, Morried WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
ODATE OF BIRTH (Month) (Day) (Year)	that I last saw here alive on Sight 16 - 1914,
occupation (a) Trade, profession, or particular kind of work (b) General nature of industry,	and that death occurred on the date stated above, at
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place the death from the death from the street from
(informant) Consider to the Best of My Knowledge (informant) Consider Marie M	If not af place of death? Former or usual residence
Filed 9/17 ,1914 W Le Cooper	Odd Fellows Cemely 9/17 1914.

If more blanks are needed, address State Registran 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. ness of various pursuits can be known. The question should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative "ealthfulof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care For many occupations a single word or term on the who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion." thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of __ cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart fallure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for



BINDING FOR RESERVED MARGIN

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD -Every item of information GAUSE OF DEATH in piai Important. V. B. No. 1. N. B.

stated EXACTLY. PHYSICIANS should state I. Exact statement of OCCUPATION is very carefully supplied. AGE should be si that it may be properly classified. DEATH in plain terms, so that it m See instructions on back of certificate. 8802

County Carollice
Village or City Margael



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 60

St.;Ward)	[!! death occurre a hospital or !nstitu
	give its NAME ins

ed in ution,

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MARRIED MARRIED ORDIVORCED ORDIVORCED	16 DATE OF DEATH (Month) (Day) (Year)
Akulaly / Write the word)	17 / I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last saw hallow on help 1914
AGE If LESS that	and that death occurred on the date stated above, at le d'm.
/ S yrs mos ds OR min. ?	The CAUSE OF DEATH * Was as follows:
occupation (a) Trade, profession, er Hause - Work	Tulmonay Mins
b) General nature of Industry, usiness, or establishment in vhich employed (or empleyer)	(Ouration) yrs mos ds
BIRTHPLACE (State or country) Md1	Contributory (Secondary) (Ouration) / vrs. mos ds.
10 NAME OF PANY GUING	(Signed) , M. O.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
12 MAIDEN NAME OF MOTHER OF	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. H. Guelda Love	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Maynul Mif.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Set 10, 1914 Wolooper REGISTRAR	20 UNDERTAKER JODRESS

[Approved by U. S. Census and American Public Uealth Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

W. B. No. 1.

PLACE OF DEATH 8803	STATE OF MARYLAND
County Castline &	CERTIFICATE OF DEATH
Village or City Maugael (No.	Registration Dist. No. Q Q [If death occurred to a hospital or Institution
* FULL NAME Willington	Traffic et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 O I HEREBY CERTIFY, That attended deceased from
Month) (Day) (Year)	that I last saw h carealive on 1 1 1 2 1 - 191 4
7 AGE 1 LESS than 1 day, hrs. 0R min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, er particular kind et work. Aarmet	
(b) General nature ef-industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds
9 BIRTHPLACE (State or country) Duawan	Contributory (Secondary) (Quantiful yrs
10 NAME OF FATHER MM Struther	(Signed) J. P. Smith, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
- Jaian Crimin	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant)	It not at piace of death? Former or usual residence
(Address) Linephone	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 9/22, 191 W Lolporper REGISTRAR	20 UNDERTAKEN ADDRESS AUTO DON
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balty, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Caroin-

cause of death approved by Committee on Nomencia schsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puepperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asoma. Surcoma. etc., of Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (secondary or intercurrent (name origin; "Can State cause for Never repor Examples:



S. No. 1.

N. B.-

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH

County.

8804



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

..Ward)

St.:

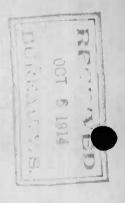
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, DEDIVERCED Windle, Write the word)	Month) (Day (Year) 17 0 1 HEREBY GERTIFY, That I Attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	that I sast saw hare alive on selfo 9, 1914.
7 AGE If LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at 7-45-Pm, The CAUSE OF DEATH* was as follower /
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry.	
business, or establishmenf in which employed (or employer)	(Duration) yrs. 2 mos. ds.
9 BIRTHPLACE (State or country) Waruland. 10 NAME OF Clarine C. Johnson 11 BIRTHPLACE OF FATHER (State or country) bled arrange. 12 MAIDEN NAME OF MOTHER Wightle S. blaylou. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY MOWLEDGE (Informant) Clarine C. Johnson (Address) March C. Johnson (Address) March C. Johnson	Contributory Secondary (Ouration) (Signed) (Signed)
Filed Sep // 1914 93 77 Jefferson REGISTRAR	20 UNDERTAKER JOHN & SOU, Dederals burg.
If more blanks are needed, address State Regist	far 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in iudustriai employments, it is nec applies to each aud every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cated thus: Servant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborcr," Farmer (retired 6 yrs.) For persous "Foremau,"

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Exact statement classified. pe pino properly OE 4 supplied be may carefully that 80 terms, pinous plain Information _ of Inform WRITE OF Item Every Item CAUSE OF Important.

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Instructions

PARENTS

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10 NAME OF FATHER

of FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

state Very

05

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. I'lf death occurred in .Ward) a hospital or institution give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, Married ORDIVERCED (Write the word) (Month) (Day (Year) DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than 1 dayhrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country)

ł	17 I HEREBY CERTIFY, That I attended deceased from
	may 20, 1914, to Dept 10, 1914
	that I last saw h Wallve on Plat 10 , 191
-	and that death occurred on the date stated above, at 430 Pm
	The CAUSE OF DEATH* was as follows:
	neurro
	Gontributory Brusen Queens
	Secondary VIVILLEND CHEMINA
	(Ouration) yrs mos ds
	(Signed) DRugeling, M. [
l	144 / 2, 1914 (Address) Islustono Med
	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL.
-	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
	At place in the of death yrs, mos ds. State yrs, mos ds
	Where was disease contracted,
	If not at place of death?————————————————————————————————————
	usual residence.
	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Greenston Sept 13, 1916

APPRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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state SICIANS should become is PHYSICIANS RECORD EXACTLY. classified. properly ы pe UNFADING шау that 80 ō pe back terms, pinous plain Instructions Information = PL DEATH ŏ Item OF Every Item CAUSE OF Important.

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.....Ward)

fif death occurred in a hospital or Institution. give its NAME instead

of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIOOWED. (Month) (I)ay (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above. 1 day hrs. OR min. ? ----- mos, ----- ds. BOCCUPATION (a) Trade, protession, or perticuler kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _____ yrs. ___ mos. Where was disease contracted. If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS ICE AL REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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S. No. 1.

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8807 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[It death occurred in a hospital or institution. give Its NAME Instead of street and nomber.]

51'10,).1	01	
FULL NAME William	U.	X	anders

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male White Single, Widowel (Write the word)	(Month) (Day (Year)		
S — 31 — 1828 (Month) (Day (Year)	S-29 191 f , to $9-1$ 191 f , that I last saw h. Line alive on $9-1$ 191 f		
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 10 m, The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or Jouse Caspeutis (b) General nature of Industry, business, or establishment in	(Duration) yrs. mos. ds.		
which amployed (or employer) **BIRTHPLACE* (State or country)	Contributory		
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 4	(Signed) Yrs ds. (Signed) Yrs ds. 9-2-, 191 (Address) Unplicitle, Md. *State the Disease Causing Death, dr, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE 15 TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on RECENT RESIDENTS) Af place In the ot death yrs, mos ds. State yrs, mos ds Where was disease contracted, if not at place of death?		
(Interment) Grysna C. Melvin (Address) Henderson, Md.	Former or usual residence 19 PMACE OF BURIAL OR REMOVAL DATE OF BURIAL		
Filed 9/2, 1914 W. C. Cooper/	28 UNDERTAKER TELET ADDRESS Y. M. Titchett Grensboro		
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, pot duties of the household only (not paid Housekeepers mine, etc.: Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "Puerperal peritonitis," childblrth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (uame origin; "Caneause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for mallgtctanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; ete. State cause for



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred in StWard) a hospital or Institution, give its NAME Instead of street and number. 1 FULL NAME no . nam PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day 7 AGE If LESS than and that desth occurred on the date stated above, at... 1 day 2 hrs The CAUSE OF DEATH* was as follows: 8 OCCUPATION (a) Trada, profession, or particular kind of work... (b) General nature of industry, business, or establishment in may (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 0 PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME piain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of Inford of death yrs. mos. ds. State _____ yrs, ____ mos. Where was diseasa contracted. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? ... L,O Every Item CAUSE OF Important. usual residence. OF BURIAL OR REMOVAL 2220 DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," cngineer, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "," "Coma," "Convulsions," "Debility" ("Con-(Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion," Never report



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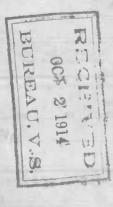
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No lit death occurred in ...Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. TA WIDOWED. (Month) (Day (Year) OROIVORGED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day.....hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos. ___ ds Where was disease contracted, If ngt at place of death? Former or usuai residente 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrat/6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

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injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



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PLACE OF DEATH 88

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inag of City Skuders on Mid (No.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 40

-St.;----Ward)

[It death occurred in a hospital or lostitution, give its NAME lastead of streat and comber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Yest)	that I last saw her alive on 25 23 191 4
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the state stated above, at
(a) Trade, profession, or particular kind of work. (b) Generat natura of indostry,	- Jean-Common Joseph
business, or astablishment in which amployed (or amployer) BIRTHPLACE (State or county) Anoluss	Contributory Celward Ou account.
10 NAME OF FATHER CEN CHICAGO DE STATE (State of countil Queen leun Ce pod of MOTHER OTHER OTH	Signed) State the DISEASE CAUSING DEATH OF IN deaths from Your
12 MAIDEN NAME OF MOTHER WILLIA WALLS 13 BIRTHPIACE OF MOTHER	*State the DINEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether AccidenTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place is the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of daath yrs, mos, ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or
(Address) Steulewow fast	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Busiels Church 9/26, 1814
Fitad \$\frac{126}{194}\$ White \$1000000000000000000000000000000000000	20 UNDERTAKER WELLS SCHOOL STREET V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

.. Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite saiary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mitt; (a) Satesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," 6

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skuli, and consequences (c. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichacthenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. vatvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Wlooping cough; Chronic cer" is less definite; avoid use oma, Sarcoma, ctc., of (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbotic acid-probabty suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as, probably which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Meastes "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; of "Tumor" for maligctc. State cause for "Exhaustion," For vio-



V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

*PLACE OF DEATH 8810 County Caraline	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 62
Village or City The bles MAS	St.; Ward) [If dealb occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Freudl White Single, MARRIED, Widdle ORDINGRED (Write the word)	18 DATE OF DEATH Sifet /2, 1914 (Month) (Day) (Year)
May 20, 1914. (Monty - (Day) (Year)	that I last saw here alive on supply 12 1914.
AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 5-72 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	(Duration) yrs. mos. 4 es.
which employed (or employer) BIRTHPLACE (State or country) Duary, land	Contributory KAN Kumul (Secondary) (Dargtion) yrs mos ds.
10 NAME OF FATHER Track Weber 11 BIRTHPLACE OF FATHER (State or country) Ballimon, Sud	(Signed), 1914. (Address), M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accurate.
13 BIRTHPLACE OF MOTHER (State or country) Mary land.	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
(Informant) I TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
Filed Sept /2, 1914 D Jeonge man	Balto City Date of Burial Balto City Defit 14, 1914 20 UNDERTAKER DATE OF BURIAL ADDRESS AUTON MEN
If more blanks are needed, address State Registrate	r, & E. Franklin 86, Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrereal scotichac. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy, mere symptoms or terminal conditions, such as "As ample: Mccslcs (disease causing ver" is less definite; avoid use of "Tumor" for malignant neoplasms); Heasies; Whooping cough; Chronic Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of The contributory (secondary or Intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Never report Examples: For vio-



CCUPATION IS PERMANENT proper UNFADING certificate. 50 on back piain See instructions DEATH OF Important. Every it m

PLACE OF DEATH 881 STATE OF MARYLAND ardlice CERTIFICATE OF DEATH Registration Dist. No lif death accurred is St.:...Ward) a hospital or Institution. give its NAME instead ot street and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... ahaut-1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind at work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. Stale yrs. ____ mos. __ Where was disease contracted, If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal ucningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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BUREAU, V.S.

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Instructions

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in St.; Ward) a hospital or institution, give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at... 1 day hrs. The CAUSE OF DEATH* was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) = which employed (or employer) ------9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER Dutin (Address). 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. mos. State yrs, ____ _ ds. Where was disease contracted. If not at place of death? Former or usual residence REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin, St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). Fol CAUSING DEATH, state occupation at beginning of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write Na been changed or given up on account of the pigeable Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," Score 1111 pdi-

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cause of death approved by Committee on Nomcncla "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Purrereal scottchace etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mally oma. Surcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (name origin; "Can Never report For vio-

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